STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
A Healthcare Service Agency

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Testimony of Michael Norko, MD
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Before the Judiciary Committee
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Good afternoon, Senator Coleman, Representative Tong, and distinguished members of the Judiciary Committee. I am Dr. Michael Norko, Director of Forensic Services for the Department of Mental Health and Addiction Services (DMHAS), and I am here today to speak in support of **SB 1027, AN ACT CONCERNING MANAGEMENT OF INDIVIDUALS COMMITTED TO THE PSYCHIATRIC SECURITY REVIEW BOARD and** in **support of section 3 of HB 7049 AN ACT CONCERNING PRETRIAL DIVERSIONARY PROGRAMS.** I want to thank the Committee for your assistance in raising these proposals. My testimony before you today will focus on SB 1027. My written testimony explains why we would like the change proposed in HB 7049.

The vast majority of individuals who are found not guilty by reason of insanity (acquittees) receive their treatment in an inpatient setting at the Whiting Forensic Division of Connecticut Valley Hospital. They are committed to the jurisdiction of the Psychiatric Security Review Board (PSRB), which controls their movement from one setting to another. Within the inpatient environment, their care follows standards for hospital settings, as in any other accredited hospital. The vast majority of hospitalized insanity acquittees are not regularly violent, nor are they acutely ill as they were at the time of the criminal act that led to their commitment to the PSRB. They remain in the hospital as long as their potential for deterioration or future violence is not yet sufficiently managed.

When our patients exhibit violent behavior due to a psychiatric illness, we have ways to manage their illness and its violent manifestations through psychiatric treatment. But when violence is expressed by individuals who do not have an active psychiatric illness, and do not meet criteria for a hospital level of care, the inpatient hospital setting has no tools for managing that violence. Other patients are vulnerable targets for these individuals, as are staff and visitors. DMHAS believes that for some individuals violent behaviors may be the result of antisocial or criminogenic factors, unrelated to a psychiatric illness, and such individuals are appropriately subjected to the scrutiny of the criminal justice system for assaults on other people.

These amendments address this reality that some individuals are not appropriately managed within a hospital environment due to their level of violent behavior and/or their absence of psychiatric disability warranting hospital level of care. Connecticut General Statutes already recognize this reality for civil patients transferred to Whiting from the Department of Correction (DOC) (in CGS 17a-517) and for patients transferred to Whiting from DOC for restoration of competence to stand trial (in CGS 54-56d(p)). No such recognition exists for insanity acquittees at Whiting who are violent because of their antisocial personalities and who do not, or at least no longer, exhibit signs of serious mental illness. The proposed amendments allow for mechanisms for the hospital to manage such individuals, either by conditional release from the hospital while the individual remains under the PSRB, or by discharge from the PSRB, or by arrest and prosecution for serious violent behavior.

SB 1027 would allow DMHAS flexibility in proposing the most appropriate placement for such individuals by providing the Psychiatric Security Review Board (PSRB) with the option of releasing such individuals to a correctional setting when an acquittee has an existing criminal sentence to the DOC and no longer requires a hospital level of care. This is accomplished by clarifying the meaning of "conditional release" as release from a hospital for psychiatric disabilities.

The revised definition of "psychiatric disability" excludes consideration of antisocial conduct as a psychiatric disability warranting continued commitment to the PSRB, consistent with the exclusion of such conduct from the insanity defense in the first place under CGS 53a-13(c). This allows the hospital flexibility to request discharge of acquittees who no longer have psychiatric disabilities warranting hospital level of care, but who remain disruptive or aggressive in an antisocial or criminal manner unrelated to psychiatric disability.

New language also makes clear that acquittees, who have been arrested, found competent to stand trial, convicted and sentenced, are to serve their sentence before returning to the placement ordered by the PSRB. Upon completion of such a sentence, the PSRB will conduct a hearing to determine the individual's further disposition if the person is still committed to the jurisdiction of the PSRB.

The bill also clarifies that conditions of bond described in CGS 54-64a and Practice Book § 38-4 can be applied to insanity acquittees pending adjudication of criminal charges for serious offenses committed while at the hospital (felonies and certain Class A Misdemeanors). This includes the potential for a court to impose a bond and remove an acquittee from the hospital to

the custody of the Commissioner of Correction if the individual poses a risk to the physical safety of others.

DMHAS worked closely with the PSRB, DOC and the Chief States Attorney's office on this issue. We believe it is a fair and reasonable way to manage what can be a very dangerous situation for the patients and staff in the Whiting Forensic Division.

In regards to HB 7049, DMHAS manages the Pretrial Drug Education and Community Service Program (PDECSP) per CGS 54-56i and the Pretrial Alcohol Education Program (PAEP; "first time" DUI) per CGS 54-56g in collaboration with the Judicial Branch Court Support Services Division (CSSD). DMHAS contracts with nine private non-profit substance abuse treatment agencies to offer evaluations and education groups for these programs.

The PDECSP statue requires participation in fifteen group sessions of one and one half hours each over 15 weeks. In an effort to make the programs more cost effective for the providers and more accessible for participants DMHAS has agreed to several modifications that have been suggested by the providers. One of these suggestions is an option to offer group sessions twice a week, in addition to the current group schedule of once a week, and DMHAS agreed to permit this.

CGS 54-56i requires fifteen group sessions over fifteen weeks. This bill would allow providers to schedule the fifteen group sessions twice a week so that participants would complete the program in seven and one half weeks rather than fifteen weeks. The bill accomplishes this by changing the language from a "fifteen-week" program to a "fifteen-session" program. This would also conform with language in CGS 54-56g for PAEP which refers to a "fifteen-session" program. DMHAS discussed these changes with CSSD and they agreed to the change.

The research evidence, for programs such as these, points to the effectiveness of participating in the group sessions over an extended period of time. We believe that they can be shortened to seven and one half weeks without compromising their effectiveness at behavioral change.

Thank you for your time and attention to this matter. I would be happy to answer any questions you may have at this time.